

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



October 21, 1986

ALL-COUNTY LETTER NO. 86-103

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: COUNTY SUMMARY AND REPORT TRAINING FOR IN-HOME  
SUPPORTIVE SERVICES (IHSS) CASE MANAGEMENT  
INFORMATION AND PAYROLLING SYSTEM (CMIPS)

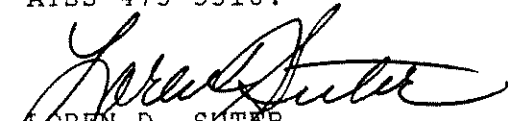
The purpose of this letter is to provide counties with a schedule (Attachment A) for the training of county staff on the new County Summary (CSUM) screen, the In-Home Supportive Services Case Management Information and Payrolling System (IHSS/CMIPS) CSUM Input Document, SOC 374 (8/86), and on utilization of the new CMIPS statewide management and county reports.

The county staff attending this training session on the CSUM screen and completion of the SOC 374 document should be persons who are responsible for the collection of data used in the completion of the IHSS Program Monthly Caseload, Hours and Costs Report, SOC 296, and for the reporting of costs attributed to the IHSS Program as reported on the County Administrative Expense Claim. The CSUM screen and the SOC 374 will be major sources for the revised Management Statistical Summary. Attached is a facsimile of the CSUM screen (Attachment B); a copy of the new form, IHSS/CMIPS CSUM Input Document (Attachment C); and an IHSS/CMIPS CSUM screen/form field by field description (Attachment D). We are asking that the appropriate county staff review these documents, complete a SOC 374 for the month of September, and bring the completed SOC 374 to the training session with any questions or problems encountered in its completion.

County supervisory and management staff attending the training session on the utilization of statewide and county reports should be those who are involved in IHSS Program administration and control.

Due to limited space, counties are requested to limit staff attendance to those who are directly involved with the above functions. The training sessions regarding the CSUM screen and the Input Document (SOC 374), will start at 9:00 a.m. and conclude at 12:00 p.m. The sessions regarding statewide and county reports will start at 1:00 p.m. and conclude at 3:00 p.m. See Attachment A for scheduled dates and locations.

All counties are strongly urged to participate in the scheduled training. Questions regarding the training sessions, and/or confirmation of your attendance, may be referred to William Schimeck at (916) 323-5316 or ATSS 473-5316.



LOREN D. SUTER  
Deputy Director  
Adult and Family Services Division

Attachments

cc: CWDA

NOVEMBER 10, 1986

Location: Electronic Data Systems  
Training Room  
11060 White Rock Road  
Rancho Cordova, CA

SACRAMENTO, AMADOR, ALPINE,  
PLACER, SAN JOAQUIN, EL DORADO  
YOLO, NEVADA  
(8 COUNTIES/10-35 PERSONS)

NOVEMBER 12, 1986

Location: Los Angeles Public S.S.  
Rm. B-118  
3401 Rio Hondo Ave.  
El Monte, CA

LOS ANGELES, SAN BERNARDINO  
(2 COUNTIES/20-45 PERSONS)

NOVEMBER 13, 1986

Location: Veterans' War Memorial Bldg,  
Room 6,  
Balboa Park,  
Park Avenue  
San Diego, CA

SAN DIEGO, IMPERIAL, ORANGE,  
RIVERSIDE  
(4 COUNTIES/20-40 PERSONS)

NOVEMBER 14, 1986

Location: Public Social Service Admin.  
PSSA Administration  
505 Poli Street, 5th Floor, Training Room  
Ventura, CA

VENTURA, KERN, SANTA BARBARA,  
SAN LUIS OBISPO  
(4 COUNTIES/10-20 PERSONS)

Attachment A

CSUM/SOC 374 Training 9:00a.m. - 12:00p.m.  
CMIPS Management and County Reports Training 1:00p.m.-3:00p.m.

DATE, LOCATION  
NOVEMBER 3, 1986

Location: Best Western Hotel  
2300 Hilltop  
Redding, CA

ATTENDING COUNTIES  
SHASTA, MODOC, LASSEN, TRINITY  
SISKIYOU, DEL NORTE, HUMBOLDT  
TEHAMA  
(8 COUNTIES/10-40 PERSONS)

NOVEMBER 4, 1986

Location: Butte County  
25 County Center Dr.  
Personnel Training Room, 2nd Floor  
Oroville, CA

BUTTE, PLUMAS, GLENN, YUBA,  
COLUSA, SUTTER, SIERRA  
(7 COUNTIES/10-20 PERSONS)

NOVEMBER 5, 1986

Location: Merced County Agric. Bldg.  
2139 West Wardrobe  
Merced, CA

MERCED, FRESNO, MADERA, TULARE,  
INYO, MONO, MARIPOSA,  
STANISLAUS, TUOLUMNE, KINGS,  
CALAVERAS  
(11 COUNTIES/15-40 PERSONS)

NOVEMBER 6, 1986

Location: Santa Clara County Multi-  
Service Center  
10 Dempsey Road  
Milpitas, CA

SANTA CLARA, SANTA CRUZ,  
MONTEREY, SAN BENITO, ALAMEDA,  
CONTRA COSTA, SAN MATEO,  
(7 COUNTIES/15-40 PERSONS)

NOVEMBER 7, 1986

Location: Solano Co. Welfare Dept.  
355 Tuolumne St.,  
Classroom 1 & 2, 3rd. Floor  
Vallejo, CA

MARIN, SONOMA, NAPA,  
MENDOCINO, SAN FRANCISCO  
SOLANO, LAKE  
(7 COUNTIES/20-40 PERSONS)



DATE 09/08/86

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1. BRIEF DESCRIPTION

THE COUNTY SUMMARY SCREEN/FORM IS DIVIDED INTO THREE (3) PARTS: THE TOP SECTION OF THE SCREEN IS THE COUNTY'S IHSS ALLOCATION AND EXPENDITURES. THIS PORTION OF THE SCREEN IS FOR DISPLAY ONLY. THE MIDDLE SECTION OF THE SCREEN/FORM IS FOR COUNTY'S DATA ENTRY OF COUNTY CONTRACT AND HOMEMAKER (ESTIMATED MONTHLY REPORTING) AND THEIR TOTAL CASES, HOURS, EXPENDITURES, SOC CASES AND AMOUNTS. IT IS ALSO FOR COUNTY'S ESTIMATED MONTHLY COSTS FOR STAFF DEVELOPMENT, EDP AND OTHER COSTS. THE BOTTOM SECTION OF THE SCREEN AND FORM IS FOR COUNTY'S DATA ENTRY OF THEIR ACTUAL QUARTERLY REPORTING OF CONTRACT COSTS, HOMEMAKER/SUPERVISOR TIME STUDY HOURS PAID, AND OTHER COSTS AS REPORTED ON THE COUNTY ADMINISTRATIVE EXPENSE CLAIM (CAEC). PAPER COUNTIES WILL FOLLOW THE BATCHING PROCEDURES AND MAIL ALL DOCUMENTATION TO EDS.



**IN-HOME SUPPORTIVE SERVICES  
CASE MANAGEMENT INFORMATION AND  
PAYROLLING SYSTEM (IHSS/CMIPS)  
COUNTY SUMMARY (CSUM)  
INPUT DOCUMENT**

Attachment C

A COUNTY CODE \_\_\_\_\_

## MONTHLY REPORTING

1	MONTH	YEAR	2	MODE	3	MONTH	DAY	YEAR
B	FOR MONTH				DATE			
		TOTAL CASES	TOTAL HOURS		EXPENDITURES	SOC CASES		SOC AMOUNT
C	1 SI	2	3	4	\$			
D	1 NSI	2	3	4	\$			
E	1 TOTAL	2	3	4	\$	5		6 \$
F	1 REFUGEE	2	3	4	\$			

1	MONTH	YEAR	2	MODE	3	MONTH	DAY	YEAR
G	FOR MONTH				DATE			
		TOTAL CASES	TOTAL HOURS		EXPENDITURES	SOC CASES		SOC AMOUNT
H	1 SI	2	3	4	\$			
I	1 NSI	2	3	4	\$			
J	1 TOTAL	2	3	4	\$	5		6 \$
K	1 REFUGEE	2	3	4	\$			

L	1 ESTIMATED MONTHLY COST (ALL MODES)	2 STAFF DEVELOPMENT \$	3 EDP \$	4 OTHER \$
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## QUARTERLY REPORTING

1	QUARTER	2	FY	3	MONTH	DAY	YEAR
M				DATE			
CONTRACT		HOMEMAKER/SUPERVISOR		OTHER COSTS		GRAND TOTAL	
N	1 CONTRACT COSTS \$	2 CASEWORK \$	3 STAFF DEVELOPMENT \$	4 (N1 - P1 - Q2) \$			
O		1 OVER-HEAD \$	2 EDP \$				
P		1 SUBTOTAL \$	2 OTHER \$				
Q		1 TIME STUDY HOURS	2 SUBTOTAL \$				

R	1 PREPARED BY	2 DATE PREPARED	3 REMARKS
S	1 ENTERED BY	2 DATE ENTERED	3 REMARKS





## Attachment B

THIS	-----				
NEXT	-----				
IN-HOME SUPPORTIVE SERVICES COUNTY SUMMARY					
-----	INITIAL ALOCATION	-----	OTHER EXPENSES	-----	
-----	SUPPL. ALLOCATION	-----	TOTAL PROGRAM EXPENSE	-----	
-----	TOTAL ALLOCATION	-----	BALANCE REMAINING	-----	
-----	CONTRACT EXPENSE	-----		-----	
-----	HOMEMAKER EXPENSE	-----	FUNDS ADVANCED	-----	
-----	IP EXPENSE	-----	TOTAL EMP TAXES	-----	

FOR MONTH: -- / --	COUNTY CC/HM HOURS	MODE: --	DATE: -----
TOTAL CASES	TOTAL HOURS	EXPENDITURES	SOC CASES SOC AMOUNT

SI	-----	-----	-----
NSI	-----	-----	-----
TOTAL	-----	-----	-----
REFUGEE	-----	-----	-----

ESTIMATED MONTHLY COSTS:	STAFF DEV. -----	EDP -----	OTHER -----
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QUARTER: --	FY: -- / --	QUARTERLY REPORTING	DATE: -----
CONTRACT COSTS	HOMEMAKER/SUPERVISOR	OTHER COSTS	GRAND TOTAL
-----	CASEWORK -----	STAFF DEV -----	-----
	OVERHEAD -----	EDP -----	-----
	SUBTOTAL -----	OTHER -----	-----
	TIME/STUDY HRS -----		

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THE COUNTY FOR CASES IN THE IP MODE, THIS FIELD  
WILL BE COMPLETED BY THAT COUNTY FOR THOSE CASES

FIELD E6 - TOTAL SOC-AMOUNT - OPTIONAL

LENGTH: 11

DESCRIPTION: TOTAL SOC AMOUNT - THE TOTAL AMOUNT OF MONEY COLLECTED FROM  
OR PAID BY RECIPIENTS AS A SHARE OF COST  
DURING THE REPORT MONTH TO THE COUNTY OR  
CONTRACTOR. SHARE OF COST IS REPORTED  
IN THE SAME MANNER AS IN FIELD E5.

FIELD F1 - REFUGEE - DISPLAY

DESCRIPTION: REFUGEE - RECIPIENTS THAT ARE CLASSIFIED AS REFUGEES IN -  
FIELD F2 OF THE SOC 293.

FIELD F2 - REFUGEE TOTAL CASES - OPTIONAL

LENGTH: 7

DESCRIPTION: REFUGEE TOTAL CASES - THE TOTAL NUMBER OF CC OR HM  
UNDUPLICATED CASES FOR WHICH SERVICE  
HOURS WERE PAID DURING THE REPORT MONTH.

FIELD F3 - REFUGEE TOTAL HOURS - OPTIONAL

LENGTH: 7

DESCRIPTION: REFUGEE TOTAL HOURS - THE TOTAL NUMBER OF CC OR HM SERVICE  
HOURS WHICH WERE PAID FOR ELIGIBLE RECIPIENTS DURING THE REPORT MONTH. THESE  
HOURS MUST BE IDENTIFIED AND REPORTED BY  
CLASSIFICATION OF IMPAIRMENT AND REFUGEE  
STATUS. THIS NUMBER INCLUDES PAYMENT  
ADJUSTMENTS FROM PRIOR MONTHS.

FIELD F4 - REFUGEE EXPENDITURES - OPTIONAL

LENGTH: 11

DESCRIPTION: REFUGEE EXPENDITURES - THIS IS THE TOTAL OF ALL CC OR HM  
COSTS PAID IN THE REPORT MONTH, REGARD-  
LESS OF THE SERVICE. THESE EXPENDITURES  
INCLUDE THE NET SHARE OF COST COLLECTED.

FIELDS G1 THRU K4 - SAME AS FIELDS E1 THRU F4.

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FIELD D4 - NSI EXPENDITURES - OPTIONAL

LENGTH: 11

DESCRIPTION: NSI EXPENDITURES - THIS IS THE TOTAL OF ALL CC OR HM COSTS PAID IN THE REPORT MONTH, REGARDLESS OF THE SERVICE. THESE EXPENDITURES INCLUDE THE NET SHARE OF COST COLLECTED.

FIELD E1 - TOTAL- DISPLAY

DESCRIPTION: TOTAL - TOTAL OF THE SI AND NSI RECIPIENTS.

FIELD E2 - TOTAL CASES - OPTIONAL

LENGTH: 7

DESCRIPTION: TOTAL CASES - THE TOTAL NUMBER OF CC OR HM UNDUPLICATED CASES FOR WHICH SERVICE HOURS WERE PAID DURING THE REPORT MONTH. COUNTIES WILL PROVIDE THIS INFORMATION FROM THEIR RECORDS.

FIELD E3 - TOTAL HOURS - OPTIONAL

LENGTH: 7

DESCRIPTION: TOTAL HOURS - THE TOTAL NUMBER OF CC OR HM SERVICE HOURS WHICH WERE PAID FOR ELIGIBLE RECIPIENTS DURING THE REPORT MONTH. THIS NUMBER INCLUDES PAYMENT ADJUSTMENTS FROM PRIOR MONTHS. COUNTIES WILL PROVIDE THIS INFORMATION FROM THEIR RECORDS.

FIELD E4 - TOTAL EXPENDITURES - OPTIONAL

LENGTH: 11

DESCRIPTION: TOTAL EXPENDITURES - THIS IS THE TOTAL OF ALL CC OR HM COSTS PAID IN THE REPORT MONTH, REGARDLESS OF THE PERIOD OF SERVICE. THESE EXPENDITURES INCLUDE THE NET SHARE OF COST COLLECTED.

FIELD E5 - TOTAL-SOC - OPTIONAL

LENGTH: 7

DESCRIPTION: TOTAL-SOC - THE TOTAL NUMBER OF CC OR HM RECIPIENTS WHO PAID A SHARE OF COST DURING THE REPORT MONTH TO THE COUNTY OR CONTRACTOR. SHARE OF COST IS REPORTED BY THE MAJOR MODE OF SERVICE DELIVERY WHEN THERE IS MORE THAN ONE SERVICE DELIVERY MODE AND THAT MODE IS HM OR CC. WHEN THE SOC IS COLLECTED BY

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FIELD C3 - SI TOTAL HOURS - OPTIONAL

LENGTH: 7

DESCRIPTION: SI TOTAL HOURS - THE TOTAL NUMBER OF CC OR HM SERVICE HOURS WHICH WERE PAID FOR ELIGIBLE RECIPIENTS DURING THE REPORT MONTH. THESE HOURS MUST BE IDENTIFIED AND REPORTED. THIS NUMBER INCLUDES PAYMENT ADJUSTMENTS FROM PRIOR MONTHS. COUNTIES WILL PROVIDE THIS INFORMATION ON THIS FORM/SCREEN FROM THEIR RECORDS.

FIELD C4 - SI EXPENDITURES - OPTIONAL

LENGTH: 11

DESCRIPTION: SI EXPENDITURES - THIS IS THE TOTAL OF ALL CC OR HM COSTS PAID IN THE REPORT MONTH, REGARDLESS OF THE SERVICE. THESE EXPENDITURES INCLUDE THE NET SHARE OF COST COLLECTED.

FIELD D1 - NSI - DISPLAY

DESCRIPTION: NSI - NON-SEVERELY IMPAIRED - THE ABBREVIATION FOR RECIPIENTS THAT ARE CLASSIFIED AS BEING NON-SEVERELY IMPAIRED.

FIELD D2 - NSI TOTAL CASES - OPTIONAL

LENGTH: 7

DESCRIPTION: NSI TOTAL CASES - THE TOTAL NUMBER OF CC OR HM UNDUPLICATED CASES FOR WHICH SERVICE HOURS WERE PAID DURING THE REPORT MONTH. THESE CASES MUST BE IDENTIFIED AND REPORTED BY CLASSIFICATION OF IMPAIRMENT AND REFUGEE STATUS.

FIELD D3 - NSI TOTAL HOURS - OPTIONAL

LENGTH: 7

DESCRIPTION: NSI TOTAL HOURS - THE TOTAL NUMBER OF CC OR HM SERVICE HOURS WHICH WERE PAID FOR ELIGIBLE RECIPIENTS DURING THE REPORT MONTH.

-----  
COUNTY INPUT/MONTHLY REPORTING FOR  
COUNTY CONTRACT, HOMEMAKER AND OTHER COSTS  
-----

NOTE: THIS INFORMATION MUST BE REPORTED IN THE CMIPS BY THE THIRD  
WORKING DAY OF EACH MONTH.

FIELD A1 - COUNTY CODE - REQUIRED

LENGTH: 2

DESCRIPTION: COUNTY CODE - A TWO DIGIT NUMBER IDENTIFYING A SPECIFIC  
COUNTY.

FIELD B1 - FOR MONTH/YEAR - REQUIRED

LENGTH: 4

DESCRIPTION: FOR MONTH/YEAR - THE REPORT MONTH/YEAR FOR WHICH THE DATA  
BEING ENTERED REFERS.

FIELD B2 - MODE - REQUIRED

LENGTH: 2

DESCRIPTION: MODE - THE MODE OF SERVICE FOR WHICH THIS DATA IS BEING  
REPORTED I. E., 'CC' FOR COUNTY CONTRACT, 'HM' FOR  
COUNTY HOMEMAKER OR 'IP' FOR INDIVIDUAL PROVIDER.

FIELD B3 - DATE - SYSTEM GENERATED

LENGTH: 6

DESCRIPTION: DATE - THE DAY, MONTH AND YEAR THAT THE DATA IS BEING  
ENTERED ON THIS SCREEN.

FIELD C1 - SI - DISPLAY

DESCRIPTION: SI - SEVERELY IMPAIRED - THE ABBREVIATION FOR RECIPIENTS  
THAT ARE CLASSIFIED AS BEING SEVERELY IMPAIRED.

FIELD C2 - SI TOTAL CASES - OPTIONAL

LENGTH: 7

DESCRIPTION: SI TOTAL CASES - THE TOTAL NUMBER OF CC OR HM UNDUPLICATED  
CASES FOR WHICH SERVICE HOURS WERE PAID  
DURING THE REPORT MONTH. THESE CASES  
MUST BE IDENTIFIED AND REPORTED.

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IP EXPENSE:

THE TOTAL FISCAL YEAR TO DATE EXPENDITURES FOR SERVICES PAID IN THE COUNTY THROUGH THE INDIVIDUAL PROVIDER MODE. THE TOTAL IS COMPUTED BY ADDING THE GROSS PROVIDER WAGES, EMPLOYER TAXES, AND RESTAURANT MEAL ALLOWANCE, MINUS SHARE OF COST. THIS FIELD IS PROVIDED FROM CMIPS DATA FILES AND IS UPDATED AS CHANGES OCCUR.

OTHER EXPENSES:

THE SUM OF THE EXPENSES SUBMITTED QUARTERLY ON THE COUNTY ADMINISTRATIVE EXPENSE CLAIM. IT IS THE SUM OF EDP, STAFF DEVELOPMENT, AND OTHER COSTS ATTRIBUTED TO THE PROGRAM.

TOTAL PROGRAM EXPENSE:

TOTAL IP MODE EXPENSE, EMPLOYER TAXES AND CC AND HM EXPENSES THROUGH FISCAL YEAR-TO-DATE.

BALANCE REMAINING:

THE BALANCE OF THE INITIAL ALLOCATION AND SUPPLEMENTAL ALLOCATION AFTER ALL SERVICE MODE EXPENDITURES HAVE BEEN DEDUCTED.

FUNDS ADVANCED:

THE TOTAL FUNDS ADVANCED TO COUNTIES TO DATE TO PAY FOR CONTRACT, COUNTY HOMEMAKER SERVICES AND OTHER COSTS.

TOTAL EMP TAXES:

THE SUM OF FICA, SUI, AND FUTA EMPLOYER CONTRIBUTIONS TO DATE FOR SERVICES IN THE IP MODE.

-----  
IHSS/CMIPS COUNTY SUMARY SCREEN/FORM  
FIELD BY FIELD DESCRIPTION  
-----

-----  
ALLOCATION AND EXPENDITURES (DISPLAY ONLY)  
-----

INITIAL ALLOCATION:	THE INITIAL ALLOCATION OF IHSS FUNDS MADE AT THE START OF THE FISCAL YEAR. THIS FIELD IS PROVIDED FROM CMIPS DATA FILES.
SUPPL. ALLOCATION:	ANY SUPPLEMENT TO, OR REALLOCATION OF IHSS FUNDS MADE DURING THE FISCAL YEAR. THIS FIELD IS PROVIDED FROM CMIPS DATA FILES.
TOTAL ALLOCATION:	THE CURRENT ALLOCATION FOR IHSS FUNDS THAT INCLUDES THE INITIAL ALLOCATION AND ALL SUPPLEMENTAL ADJUSTMENTS AND REALLOCATIONS THEREAFTER. THIS FIELD IS PROVIDED FROM CMIPS DATA FILES.
CONTRACT EXPENSE:	THE TOTAL FISCAL YEAR EXPENDITURES TO DATE FOR SERVICES PAID IN THE COUNTY THROUGH THE COUNTY CONTRACT MODE, MINUS SHARE OF COST. THIS DATA IS OBTAINED FROM THE INFORMATION ENTERED BY THE COUNTY ON THE MIDDLE SECTION OF THE SCREEN AND IS UPDATED MONTHLY.
HOMEMAKER EXPENSE:	THE TOTAL FISCAL YEAR EXPENDITURES TO DATE FOR SERVICE COSTS CLAIMED BY THE COUNTY FOR THE HOMEMAKER MODE, MINUS SHARE OF COST. THIS DATA IS OBTAINED FROM THE INFORMATION ENTERED BY THE COUNTY ON THE MIDDLE SECTION OF THE SCREEN AND IS UPDATED AS CHANGES OCCUR.





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FIELD L1 - ESTIMATED MONTHLY COSTS (ALL MODES) - DISPLAY

DESCRIPTION: ESTIMATED MONTHLY COSTS - ALL COUNTIES, REGARDLESS OF  
SERVICE MODE, WILL PROVIDE MONTHLY  
ESTIMATES OF EXPENSES THAT WILL BE SUB-  
MITTED QUARTERLY ON THE COUNTY ADMINIS-  
TRATIVE EXPENSE CLAIM.

FIELD L2 - STAFF DEVELOPMENT - OPTIONAL

LENGTH: 9

DESCRIPTION: STAFF DEVELOPMENT - THE ESTIMATED MONTHLY COST OF STAFF  
DEVELOPMENT SERVICES ATTRIBUTED TO  
IHSS.

FIELD L3 - EDP - OPTIONAL

LENGTH: 9

DESCRIPTION: EDP - THE ESTIMATED MONTHLY COST OF EDP ATTRIBUTED TO IHSS.

FIELD L4 - OTHER - OPTIONAL

LENGTH: 9

DESCRIPTION: OTHER - AN ESTIMATE OF ANY OTHER EXPENSES OR COLLECTIONS  
ATTRIBUTED TO IHSS.

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FIELD N4 - GRAND TOTAL - SYSTEM GENERATED

LENGTH: 10

DESCRIPTION: GRAND TOTAL - THE SUM OF (N1 AND P1 AND Q2) CONTRACT AND  
HOMEMAKER/SUPERVISOR AND OTHER COSTS.

FIELD Q1 - HOMEMAKER/SUPERVISOR OVERHEAD - OPTIONAL

LENGTH: 9

DESCRIPTION: HOMEMAKER/SUPERVISOR OVERHEAD - THE TOTAL OVERHEAD COSTS,  
AS REPORTED ON THE COUNTY ADMINISTRATIVE  
EXPENSE CLAIM. (LINE 1, COLUMN K, DFA 327.1)

FIELD Q2 - OTHER COSTS EDP - OPTIONAL

LENGTH: 9

DESCRIPTION: OTHER COSTS EDP - THE TOTAL COSTS OF EDP ATTRIBUTED TO THE  
IHSS AS REPORTED ON THE COUNTY ADMINIS-  
TRATIVE EXPENSE CLAIM. (LINE 1,  
DFA 327.2)

FIELD P1 - HOMEMAKER/SUPERVISOR SUBTOTAL - OPTIONAL

LENGTH: 9

DESCRIPTION: HOMEMAKER/SUPERVISOR SUBTOTAL - THE SUM OF CASEWORK OVER-  
HEAD AND CASEWORK COSTS.

FIELD P2 - OTHER COSTS - OPTIONAL

LENGTH: 9

DESCRIPTION: OTHER COSTS - TOTAL OF OTHER EXPENSES CLAIMED OR COLLECTED  
AND REPORTED ON THE COUNTY ADMINISTRATIVE  
EXPENSE CLAIM. (COLUMNS AO AND AP, LINE 1  
OF THE DFA 327.4)

FIELD Q1 - HOMEMAKER/SUPERVISOR, TIME/STUDY HOURS - OPTIONAL

LENGTH: 7

DESCRIPTION: THE SUM OF THE WELFARE STAFF PROVIDER HOURS PAID AND FIRST  
LINE SUPERVISOR HOURS PAID AS REPORTED ON THE COUNTY  
ADMINISTRATIVE EXPENSE CLAIM. (LINE 1, COLUMN E, DFA 327.1)

-----  
QUARTERLY REPORTING OF ACTUAL COSTS  
-----

NOTE: THIS INFORMATION IS REPORTED NO LATER THAN FIFTEEN DAYS  
FOLLOWING THE END OF THE QUARTER.

FIELD M1 - QUARTER - REQUIRED

LENGTH: 2

DESCRIPTION: QUARTER - INDICATE THE FISCAL YEAR QUARTER DATE FOR WHICH  
DATA IS BEING ENTERED.

FIELD M2 - FY - SYSTEM GENERATED

DESCRIPTION: FY - FISCAL YEAR

FIELD M3 - DATE - SYSTEM GENERATED

LENGTH: 6

DESCRIPTION: DATE - THE MONTH, DAY AND YEAR THAT THE DATA IS BEING  
ENTERED ONTO THE SCREEN.

FIELD N1 - CONTRACT COSTS - OPTIONAL

LENGTH: 9

DESCRIPTION: CONTRACT COSTS - TOTAL CONTRACT COSTS AS REPORTED ON THE  
COUNTY ADMINISTRATIVE EXPENSE CLAIM,  
(COLUMN AQ, LINE 1, OF THE DFA 327.4).

FIELD N2 - HOMEMAKER/SUPERVISOR CASEWORK COSTS - OPTIONAL

LENGTH: 9

DESCRIPTION: CASEWORK COSTS - THE TOTAL CASEWORK COST, AS REPORTED ON  
THE COUNTY ADMINISTRATIVE EXPENSE CLAIM,  
(LINE 1, COLUMN I, DFA 327.2)

FIELD N3 - OTHER COSTS - STAFF DEV - OPTIONAL

LENGTH: 9

DESCRIPTION: OTHER COSTS - STAFF DEV - THE TOTAL COSTS OF STAFF DEVELOP  
MENT ATTRIBUTED TO IHSS AS  
REPORTED ON THE COUNTY ADMIN-  
ISTRATIVE EXPENSE CLAIM  
( LINE 1, DFA 327.2) .



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FIELD Q2 - OTHER COSTS, SUBTOTAL - OPTIONAL

LENGTH: 9

DESCRIPTION: OTHER COSTS, SUBTOTAL - THE SUM OF STAFF DEVELOPMENT, EDP  
AND OTHER EXPENSES.

FIELD R1 - PREPARED BY

FIELD R2 - DATE PREPARED

FIELD R3 - REMARKS

FIELD S1 - ENTERED BY

FIELD S2 - DATE ENTERED

FIELD S3 - REMARKS